

**COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT OF PROTECTION AND PERMANENCY**

TITLE IV-E ADOPTION ASSISTANCE

Child's Adoptive Name: _____ Date Adoption proceedings were initiated ____/____/____.
Child's Birth Name: _____ Date Adoption judgement granted ____/____/____.
Case Number: _____ Date Adoption subsidy agreement signed ____/____/____.

Eligibility Determination

A. Special Needs Requirement:

Has the state determined that the child cannot or should not return to the home of his parents through a court order terminating parental rights?

___ No: STOP The child is NOT eligible.

___ Yes: Does the child meet any of the following special needs factors as indicated on the subsidy request memo? (Check appropriate factor)

___ Has a physical or mental disability

___ Has an emotional or behavioral disorder

___ Has an emotional or behavioral disorder

___ Has a recognized risk of physical, mental or emotional disorder

___ Is a member of a sibling group in which the siblings are placed together

___ Has had previous adoption disruption or multiple placements

___ Is an African American child two years old or older, or

___ Is age seven or older and has a significant emotional attachment or psychological tie to his foster family and the cabinet has determined that it would be in the child's best interest to remain with the family.

IF NO SPECIAL NEEDS<THEN CHILD IS NOT ELIGIBLE

Has a reasonable but unsuccessful effort been made to place the child without providing adoption assistance or medical care as indicated on the subsidy request memo?

___ Yes: Go to B

___ No: Are the prospective adoptive parents foster parents with whom the child has developed a significant tie as indicated on the subsidy request memo?

___ No: STOP, the child is NOT eligible

___ Yes: Go to B

B. SSI or IV-E or AFDC Relatedness

Was the child eligible to receive SSI in the month the adoption petition was filed?

___ Yes: Go to D

___ No: Was the child receiving IV-E foster care maintenance payments in the month the adoption petition was filed?

___ Yes: Go to D

___ No: Was the child receiving IV-E foster care maintenance payments at the time of removal?

___ Yes: Go to C

___ No: STOP the child is NOT eligible....**PLEASE NOTE: IF A CHILD WAS NOT IV-E DUE TO NOT OBTAINING REASONABLE EFFORTS STATEMENT WITHIN 60 DAYS OF**

**REMOVAL OR NOT HAVING A TIMELY APR. CHILD CAN STILL BE ELIGIBLE FOR
TITLE IV-E SUBSIDY**

C. Did the child meet all of the following IV-E reimbursable criteria at the time the adoption petition was filed?

1. Under the age of 18
2. Assets less than \$10,000.00
3. Income less than foster care maintenance rate

_____ Yes: Go to D

_____ No: STOP the child is NOT eligible

D. Adoption Subsidy Agreement

Is there a written agreement between the state agency and the prospective parents that was signed prior to the finalized adoption?

_____ No: STOP child is NOT eligible

_____ Yes: Does the agreement state ALL of the following:

1. The duration of the agreement
2. The amount of the adoption assistance payment and the amount and nature of any other services/assistance.
3. That the child is eligible for Title XX (Social Services) and Title XIX (Medicaid)
4. That the agreement remains in effect regardless of the child's state of residence
5. That the interest of the child are protected should the adoptive parents and child move to another state.
6. That Kentucky will remain financially responsible for any medical and social services agreed to if the child moves to another state and such services are not available.

_____ No: STOP child is NOT eligible

_____ Yes: The child is eligible

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ONGOING ELIGIBILITY REDETERMINATION

1. Is the child under the age of 18?

_____ Yes: Go to 2

_____ No: Has child's subsidy been extended and is child attending an accredited school? Or is child under the age of 21 receiving SSI and attending an accredited school? If not, stop child is not eligible.

2. Do the adoptive parents continue to be legally responsible for the child's care and support?

_____ Yes: Child remains eligible for IV-E Adoption Assistance.

_____ No: Child is no longer eligible for IV-E Adoption Assistance.

CBW Name _____ Date _____